Application for The Importation or Introduction of Marine Invertebrates and Algae

Important! Most importation and introduction requests must be accompanied by a health inspection report.

Please consult with DMR prior to completing inspection screening on the organisms to be imported or introduced.

Send completed applications to:

Aquaculture Division

Maine Department of Marine Resources

PO Box 8

West Boothbay Harbor, ME 04575 Email: dmraquaculture@maine.gov

	Liliali. ull	<u>iraquaculture(@/maine.gov</u>	
To allow time for proce	essing, please submit a	applications 30 days prior to	the requested date of transfer.
PLEASE TYPE OR PRINT			
Date of Request:			
Type of Transfer (Check):	Broodstock:	Seed/Juveniles: □	Other: 🗆
If you are importing	Broodstock, will it be	returned to the Hatchery/Orig	gin following spawning? (Check)
Yes: □	No: □		
Name:			
Address:			
City:		State:	Zip:
Business Phone:	FAX:	email:	
Species:		Age/Size:	
Lot Number:	Strain:		Quantity:
Origin (aquaculture leases,	include "Site ID"):		
Contact:			
City:		State:	Zip:
Phone:		Fax:	
Destination (aquaculture le	ases, include "Site ID"):	
Contact:			
Address:			

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City:	State:	Zip:	
Phone:	Fax:		
Transfer Dates: Begin:	_ End:		
Please describe the nature and purpose of your requ	ested activity (attach a	separate sheet if ne	eeded):
l understand that all shipments of marine organisms the company's name and address and date: (<i>Initial</i>)_			ed with my name,
l understand that a copy of a current approved transf shipments from the facility: (<i>Initial</i>)		ng transferred mus	t accompany all
l understand that no live marine organisms or gameto permission of the Commissioner of DMR: (<i>Initial</i>)			without written
I understand that the facility licensee must keep invo purchased and must make them available for inspect (Initial)			
Signed		Date:	
*Attach Health Inspection Reports indicating inspect	ion in accordance with I	Maine 12 M.R.S.A. 6	6071Chapt 24.05.
* If applying for a permit to import or introduce marin description of the quarantine procedure to be used a			
Department Use Only			
Import/Introduction Permit Number:	☐Approved [Denied	
Effective period:			
Comments/Conditions:			
Signature of approving person:		Date:	_